

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/534958** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		2					52						
3							53						
4	2						54						
5							55						
6							56						
7							57						
8	1						58						
9							59						
10							60						
11							61						
12							62						
13							63						
14	1						64						
15		1					65						
16							66						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		↓		↓				↓		↓		↓
TOTAL DEP.	17	←		←		←			←		←		←
TOTAL CLAIMS	20	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			[REDACTED]		[REDACTED]		[REDACTED]